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TRANSMITTAL FORM				Application Number		10	10/694,287					
					Date	0	October 27, 2003					
								Reiner Rygiel				
				Art Unit			2872					
(to be used for all correspondence after initial filing)				Exan	niner Name	P	Pritchett, Joshua L.					
Total Number of	Pages in	This Submission	19 Attorney Docket Number			^r 2	21295.65 (H5680US)					
ENCLOSURES (Check all that apply) After Allowance Communication												
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Extension Express A Information Certified C Document Reply to M Incomplet	After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Provision Power of Change Termina Reques CD, Nur	Pelition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination Invention Disclosure				
Firm Name	1	SIGNA	TURE C	OF AP	PLICANT, ATT	ORN	EY, O	RAG	ENT			
, 4111 142HIC	Houst	on Eliseeva-LL	P									
Signature Mary El			Hell	~								
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Date	July 21, 2006			·····	Reg. No. 43,328				3			
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PTO/SB/17 (01-08)
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Fees pursuant to the C	onsolidated Appropri	ations Act, 2005 (H.R. 4818). Application N	· · · · · · · · · · · · · · · · · · ·							
FFF.	TRANS	MITTAL	Filing Date	umoer	10/694,2						
A Proper Street	For FY 2					October 27, 2003					
	FOI F 1 Z		h			einer Rygiel					
Applicant claims	small entity status	s. See 37 CFR 1.27		me		shua L. Pritchett					
TOTAL AMOUNT OF	PAYMENT (\$	910.00	Art Unit	land N.I.	2872						
TOTAL AMOUNT OF PAYMENT (\$) 910.00 Attorney Docket No. 21295.65 (H5680US)											
METHOD OF PAYMENT (check all that apply)											
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
Application Type	<u>Fee (\$)</u>	Small Entity Fee (S) Fee	Small Entity (\$) Fee (\$)	Fee	Small I (\$) Fee		ees Pald (\$)				
Utility	300	150 500		200							
Design	200	100 100	50	130) 65						
Plant	200	100 300	150	160) 80) _					
Reissue	300	150 500	250	250 600)					
Provisional	200	100	0	0 0)					
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Multiple depend		,					80				
Total Claims	Extra Clair		ee Paid (\$)			Multiple Dependent Claims					
- 20 or HP = highest number		x = or, if greater than 20.			<u>F(</u>	ee (S) F	ee Paid (\$)				
HP = highest number of total daims paid for, if greater than 20. Indep. Claims											
-3 or HP = x = HP = highest number of independent claims paid for if greater than 3.											
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100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): one-month extension, RCE fee 910.00											
SUBMITTED BY											
Signature (Marys 2		Telephone 791-863-9991								
Name (Print/Tyne) Ma	ria Elicanya	 	Registration No (Attorney/Agent)			Date July 21					

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